

Telecommunications Carriers
AUTHORIZED UTILITY REPRESENTATIVE FORM

CERTIFICATED COMPANY INFORMATION

Company Name: Sprint Communications Company, L.P.			FEIN/SSN: [REDACTED]		
DBA/FKA: Sprint			Telephone # 571-287-8097		
Mailing Address: 12502 Sunrise Valley Dr					
City: Reston		State: VA		ZIP Code: 20196	
ILEC	IXC	x	CLEC	x	Wireless ETC

REGISTERED AGENT INFORMATION

Registered Agent: PRENTICE-HALL CORP		
Mailing Address: 508 Meeting Street		
City: West Columbia	State: SC	ZIP Code: 29169

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION

General Manager					
Name: Michelle Painter					
Address: 12502 Sunrise Valley Dr					
City: Reston		State: VA		ZIP Code: 20196	
Phone: 571-287-8097		Email: michelle.painter@t-mobile.com		Fax:	
Emergency Contact – Non Office Hours					
Name:					
Phone: 888-639-0020		Email:		Fax:	
Customer Relations/Complaints Rep					
Name: Lincoln Korfanty					
Address: Sprint ERS, P.O. Box 169014					
City: Irving		State: TX		ZIP Code: 75018	
Phone: 817-215-3020		Email: lincoln.korfanty@t-mobile.com		Fax: N/A	
Complaints Rep for Complaint Escalation					
Name: Taylor Best					
Address: 1201 Menaul Blvd NE					
City: Albuquerque		State: NM		ZIP Code: 87107	
Phone: 801-427-4389		Email: Taylor.Best3@t-mobile.com		Fax:	
Customer Toll Free Contact Number: 800-937-8997					
Engineering Operations					
Name: Michelle Painter					
Address: 12502 Sunrise Valley Dr					
City: Reston		State: VA		ZIP Code: 20196	
Phone: 571-287-8097		Email: michelle.painter@t-mobile.com		Fax:	
Test and Repair					
Name: Michelle Painter					
Address: Same as above					
City:		State:		ZIP Code:	
Phone:		Email:		Fax:	

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title: Michelle Painter, Principal Corporate Counsel			
Address: 12502 Sunrise Valley Drive			
City: Chantilly	State: VA	ZIP Code: 20196	
Phone: 571-287-8097	Email: michelle.painter@t-mobile.com	Fax:	
Annual Report Form Mailings			
Name & Title: Michelle Painter			
Address: Same as Above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Dual Party Invoice Mailings			
Name & Title: Michelle Painter			
Address: Same as Above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Universal Service Fund Mailings			
Name & Title: Michelle Painter			
Address: Same as Above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Gross Receipts Mailings			
Name & Title: Michelle Painter			
Address: Same as Above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	
Lifeline Contact			
Name & Title: Michelle Painter			
Address: Same as Above			
City:	State:	ZIP Code:	
Phone:	Email:	Fax:	

FORM PREPARER INFORMATION	
This form was completed by: Michelle Painter	
Signature: <i>Michelle Painter</i>	
Title: Principal Corporate Counsel	Date: 9/23/2020

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
101 Executive Center Drive, Suite 100
Columbia, SC 29210

AND Office of Regulatory Staff
Attn. Kari Munn
1401 Main Street, Suite 800
Columbia, SC 29201